## NFL YOUTH FLAG FOOTBALL



## REGISTRATION & WAIVER FORM

## **HOW YOU CAN PLAY!**

This is NFL FLAG, the NFL's official non-contact FLAG football league. NFL FLAG is open to all kids ages 5-17. To sign up for NFL FLAG, complete and return this application to your local NFL FLAG League. For more information on NFL FLAG, check out **NFLyouthfootball.com** or call **1-800-NFL-SNAP**. Cincinnati Recreation Center (CRC) members are free due to the generosity of the Anthony Muñoz Foundation, \$25 charge for non-CRC players. For more information about participating centers please go to www.cincyrec.org.

Deadline to register is \_\_\_\_\_

FIRST NAME:	LAS	T NAME:		
HOME PHONE:	EMAIL:			
MALE FEMALE	AGE AS OF 9/1(OF THE CURRENT YE	AR)DATE OF E	BIRTH:	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
GRADE IN SCHOOL:	SCHOOL NAME:			
SCHOOL ADDRESS:				
CITY:	STATE:	ZIP CODE:		
Which is your favorite NFL Team:		How did you hear about NFL Flag?		
Center or Organization Na	ame:	JERSEY SIZE: Size S	Size M	Size XL Size XXL
claims that may be mad wrongful death arising a parties listed above, whe responsible for any injur that participation in the Participant to participate. I certify that the Participate including the football to needed. I also agree to Program and all related and for any purpose with inclusive as permitted by invalid, the remainder w take place in New York,		estate, heirs or assigns for tion in the Program and cause may occur. I understand a Program, even if caused and but not limited to, serious danger involved and agreemay participate in strenuous granted for Participant to Entities for all claims arising as use Participant's name a st. I understand that this dogram is taking place and a	property damaused by the ordand agree that by their ordinal is injury. I am verto accept all research and hazardon receive emerge out of Participal likeness frecument is intengree that if any	age, personal injury or dinary negligence of the the NFL Entities are not ry negligence. I understand voluntarily allowing risks of such participation. us physical activities, gency medical treatment, if pant's participation in the re of charge in any manner anded to be as broad and very portion of this Agreement
	nly ill rights under Section 1542 of the Civil Co t said Section 1542 of the Civil Code provic		nd under any and	d all similar laws of any
	OES NOT EXTEND TO CLAIMS WHICH T JTING THE RELEASE, WHICH IF KNOWI TH			
and understand that by	guardian of the Participant. I am of leg signing this form, I am giving up legal I agree that the terms of this release a	rights and remedies. I repre	esent that I am	
Parent/Legal Guardian sig	gnature:	Da	ıte	
	Date of Birth of Parent/Legal Gua	rdian(ı	required info.)	



